Customer:		Customer Location:		Lead / Contact:	
Application:		Completed by:		Date:	
Equipois Acceptance By:				Date:	

Please complete as much information as possible. One form should be completed for each *different* application. Please fax to 310.453.6740 or email electronic file to info@equipoisinc.com. If you have any questions, please contact us at 866.601.2070.

Application or process name:

1. Brief description of application or process:
    a. Sample equipment available: (yes/no) Delivery or shipping details:
    b. Photos available: (yes/no) File names / details, descriptions:
    c. Video clips available: (yes/no) File names / details, descriptions:

2. Approximate duration of activity:
    a. Time to complete a single unit or component:
    b. Total # of units processed per person, per station, per day or shift:
    c. Indicate the nature of any weight or configuration changes in either the tooling or work that occur in the course of the operation (for example changing a disk, drill or driver):

3. Number of similar application instances or stations under consideration :

4. Tool, object or device to be floated:
    a. Make / Model # : Approximate tool cost:
    b. Total Weight, with any applicable tooling:
    c. If an object or material is being floated, indicate minimum and maximum weights if it is variable or a range of items is under consideration:

d. Case material of tool body? (Plastic, Steel, etc.):

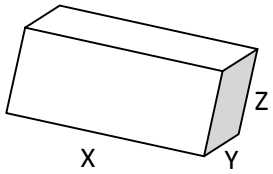
e. Locations of handles or where operator typically puts hands:

f. Does the tool vibrate during operation? If so, details or specifications of vibration:

g. Does the tool have a torque reaction? If so, specs on torque:

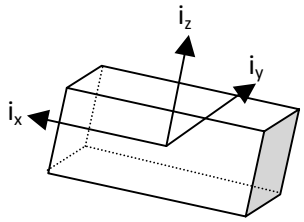
Please provide approximate dimensions, annotate as needed:

5. Overall maximum tool dimensions:



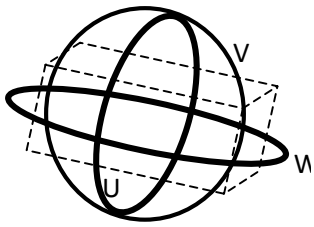
X=_____ length
Y=_____ width
Z=_____ height
(Longest dimension, or primary axis should be X, do not include removable accessory handles or grips.)

6. Approximate center of mass (center of center of gravity) for tool:



i_x=_____
i_y=_____
i_z=_____
(Indicate which vertex is 0,0 and provide distance to CM)

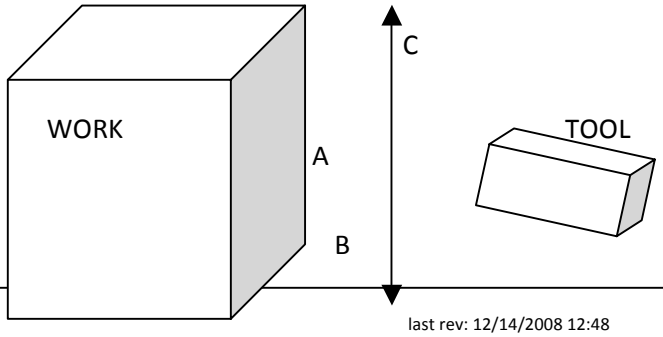
7. Maximum axial rotation requirement:



U_{roll} = _____° around X Axis
V_{pitch}= _____° around Y Axis
W_{yaw}= _____° around Z Axis

8. Dominant orientation if applicable:
XY plane of tool in which it is primarily used: (Horizontal / Vertical)

9. Maximum work envelope (translation) - Minimum and maximum vertical and horizontal distance of travel required to reach all work areas:



A=_____ forward / back
B=_____ left / right
C=_____ up / down

10. Any suggestions customer has on mounting areas or locations:

    a. Fixed mounting location

    b. Tool stand or other type of mobile cart

    c. Overhead rail

    d. Conveyor

11. What type of solution is required (i.e. turn-key or will they perform their own integration?):

    a. Does customer require complete solution (including designed and specified mounting system)?

    b. If not, what other services will be required?

12. Commercial Items:

    a. Budgeted project? If not, will project be justified?

    b. Budgetary of firm price proposal needed?

    c. When is a proposal needed?

    d. Who needs to be involved from your company to make this a success (which other departments)?

13. ROI Questions (fill in whatever is applicable):

    a. Ergonomic Cost - Avg. current cost caused by ergonomic issues associated with this process:

    b. Occurrence Rate - Number of ergonomic issues that can potentially be prevented each year:

    c. Indirect Costs - all indirect costs associated with the issue (overtime, replacement costs, quality costs):

    d. Potential productivity improvements as a result (cycle time improvement, fewer breaks req'd.):

    e. Estimated inflation rate during life expectancy of potential solution (%):

    f. Company minimum acceptable rate of return on an investment (hurdle rate %):